

**General Information**
**INSURED #1**

Name (Last, First, MI)		Date of Birth	Gender
Social Security No.		Occupation	
Phone	Home	Work	Mobile

**INSURED #2**

Name (Last, First, MI)		Date of Birth	Gender
Social Security No.		Occupation	
Phone	Home	Work	Mobile

**Mailing Address**

City	County	State	Zip
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**Property Information**

Property Address	(Check here if same as mailing address)
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City	County	State	Zip
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Date of Purchase	Year Built	Construction	No. of Families
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Mortgagee

**If new purchase, list prior address**

Property Address
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City	County	State	Zip
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Prior Carrier	Time Insured
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Effective Date	Expiration Date
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Property For Sale	Under Construction	Within City Limits	Smoke Detectors
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Dead Bolts	Non Smokers	Fire Extinguishers
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Fire Alarm	Fire Alarm Type
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Burglar Alarm	Burglar Alarm Type
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Dogs	Type of Dogs
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Trampolines	Trampoline netted
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Losses

Loss Details

Miles to Fire Station	Feet Hydrant
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Central Heat	Central Heat Type
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Wood Stove

Pool (fenced)	Above/Below Ground	Diving Board/Slide
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Roof Type

**Years of Updates**

Heating	Plumbing	Electrical	Roof
Circuit Breakers	Fuses		
Square Footage	# of Stories		
Garage	# of Cars	# of Full Baths	# of Half Baths
Deck or Porch	Square Footage		
Basement	Square Footage	% Finished	
Attic	Square Footage	% Finished	
Fireplace	# of Chimneys	# of Hearths	
Central Air			
Built-ins or Upgraded Materials			

Special Form Contents Coverage

HO-4 / HO-6 number of units / apartments in building?

**Coverages**

HO Form	Residence		
Coverage A		Coverage B	
Coverage C		Coverage D	
Liability		Medical Payments	
Deductible			
Replacement cost dwelling		Replacement cost content	
Personal injury			
Business on premises		ID Fraud Coverage	
Prior Premium			
Increased Jewelry		Limit	
Furs		Limit	
Other		Limit	Specify
Additional residence (liability)	# of families	Year Built	Location
Is there a day care exposure on the premises?		Number of Children	
Narrative/Comments			